

# MISSOURI DIVISION OF HEALTH - CERTIFICATE OF DEATH

-62-008488

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 XC-47 69 072

1003 SL 27799

2221

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 28 1962

VS 300  
Rev. 4/59

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21090/26

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WARREN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 5 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR W. MORHAUS		4. DATE OF DEATH Month Day Year FEBRUARY 22, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-21-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) WARRENTON MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY MORHAUS		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHNEIDER	
14. NAME OF HUSBAND OR WIFE MARGARET MORHAUS, DEC'D			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT MARGARET E. HERBERT, 20 PLAZA SQUARE, STL.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA GASTRIC ULCER AND DUODENAL ULCER Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) DUE TO (c) 540.0		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 2-17-62 11:15 P. to 2-22-62 and last saw him alive on 2-22-62		Death occurred at 11:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature] M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 2-23-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/25/62	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Church Cemetery	
23d. LOCATION (City, town, or county) Marthasville, Missouri.			
24. FUNERAL DIRECTOR F. W. Nieburg, Warrenton, Missouri.		25. DATE RECD. BY LOCAL REG. FEB 24 1962	
26. REGISTRAR'S SIGNATURE [Signature] M.D.			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 3 1962  
MAY 24 1962

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.